



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/19/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> State Insurance Agency Inc. 1010 SW Martin Downs Blvd  Palm City FL 34990	<b>CONTACT NAME:</b> Mitzy Taylor <b>PHONE (A/C, No, Ext):</b> (772) 426-9933 <b>E-MAIL ADDRESS:</b> certificates@stateinsuranceagent.com	<b>FAX (A/C, No):</b> (772) 426-9943	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b> 10190
<b>INSURED</b>  Dania Pier Management Corp 1225 Queens Harbor Blvd  Jacksonville FL 32225-4921	<b>INSURER A:</b> Southern-Owners		
	<b>INSURER B:</b> NorGUARD Insurance CCompany		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** CL2481920150      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		72538007	09/17/2024	09/17/2025	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 300,000	
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		DAWC563083	09/22/2024	09/22/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	E.L. EACH ACCIDENT						\$ 100,000	
	E.L. DISEASE - EA EMPLOYEE						\$ 100,000	
							E.L. DISEASE - POLICY LIMIT	\$ 500,000


**APPROVED** *David Daley*  
By David Daley at 4:45 pm, Nov 06, 2024

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

The Certificate Holder is Additional Insured in regard to General Liability.

### CERTIFICATE HOLDER

### CANCELLATION

City of Pompano Beach 100 W Atlantic Blvd  Pompano Beach FL 33060	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
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# IMPORTANT - IDENTIFICATION CARDS

## STATE FARM®

MUTL VOL  
6715-A77

FOLD TOP AND BOTTOM OF CARD ON PERFORATION

FOLD TOP AND BOTTOM OF CARD ON PERFORATION



### FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD STATE FARM

POLICY NUMBER 998 8898-D25-591 4 CO. NUMBER 09785 EFFECTIVE DATE OCT 25 2024

PERSONAL INJURY PROTECTION | PROPERTY DAMAGE |  BODILY INJURY

NAMED INSURED RODRIGUES, MARJORIE MUTL VOL

COVERAGES A P10 D1000 G1000 H R1 U3  
YR MAKE VEHICLE IDENTIFICATION NUMBER  
2018 LEXUS JTHBZ1BL9JA016753  
AGENT MICHAEL TAUZEL INS AGCY INC  
PHONE (904)425-4100 NAIC 25178

The coverage provided by the policy meets the minimum liability limits prescribed by law.



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2018 LEXUS JTHBZ1BL9JA016753  
AGENT MICHAEL TAUZEL INS AGCY INC  
PHONE (904)425-4100 NAIC 25178

The coverage provided by the policy meets the minimum liability limits prescribed by law.

KEEP A CARD IN YOUR CAR.  
THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.  
**KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.**

M

1-A  
Sys Pend:

3308/03406

141110.2 04-26-2019 (o1pcf11c)

002406

**APPROVED** *David Daley*  
By David Daley at 4:48 pm, Nov 06, 2024

AT2 003421 0008 A-6715 A  
RODRIGUES, MARJORIE  
1225 QUEENS HARBOR BLVD  
JACKSONVILLE FL 32225-4921



**Policy Number: 998 8898-D25-59I**  
Policy Period: October 25, 2024 to April 25, 2025

**Vehicle:**  
2018 LEXUS GS 350

**Principal Driver:**  
MARJORIE RODRIGUES

## AUTO RENEWAL

**PREMIUM PAID: \$1,025.67**

**DO NOT PAY.**

Your premium is billed through the State Farm Payment Plan

State Farm Payment Plan Number: 1418457919

### Your State Farm Agent

MICHAEL TAUZEL INS AGCY INC

Office: 904-425-4100

Address: 13170 ATL BLVD STE 58  
JACKSONVILLE, FL 32225-4158

*If you have a new or different car, have added any drivers, or have moved, please contact your agent.*

**Thank you for choosing State Farm.**

**IMPORTANT NOTICE-** Under No-Fault Coverage, the only medical expenses we will pay are reasonable medical expenses that are payable under the Florida Motor Vehicle No-Fault Law. The most we will pay for such reasonable medical expenses is 80% of the "schedule of maximum charges" found in the Florida Motor Vehicle No-Fault Law and in the Limits section of the Florida Car Policy's No-Fault Coverage.

Based on your driving record, you have our Accident-Free Discount for preferred customers.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon  
*(continued on next page)*

Policy Number: 998 8898-D25-59I  
Prepared August 30, 2024  
Form 1004933

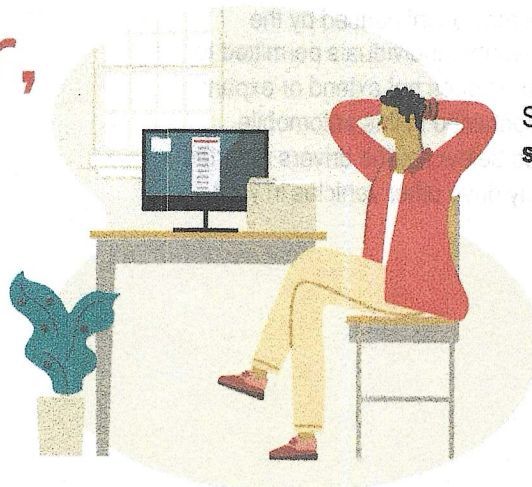
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# Bye-bye clutter, hello green

Enroll in paperless and you'll get emails with links to do things like:

- download or print your auto ID card,
- pay your bill,
- or view documents, like your renewal.



Scan QR to sign up or visit [statefarm.com/paperless](https://statefarm.com/paperless)



ST-9B  
0103-0812

as the same day we receive your payment, and you will not receive your check back from your financial institution.

### VEHICLE INFORMATION

Review your policy information carefully. If anything is incorrect, or if there are any changes to your vehicle information, please let us know right away.

Vehicle Description	Vehicle Identification Number (VIN)	Who principally drives this vehicle?	How is this vehicle normally used? <i>National average: 12,000 miles driven annually per vehicle</i>
2018 LEXUS GS 350	JTHBZ1BL9JA016753	MARJORIE RODRIGUES, a divorced female, who will be age 63 as of October 25, 2024.	To Work, School or Pleasure. Driven over 7,500 miles annually.

#### Other Household Vehicle(s)

Your premium may be influenced by other State Farm policies that currently insure the following vehicle(s) in your household:

2018 NISSAN MAXIMA

#### Premium Adjustment

Each year, we review our medical payments and personal injury protection coverages claim experience to determine the vehicle safety discount that is applied to each make and model. In addition, we review the comprehensive, collision, bodily injury and property damage claim experience

annually to determine which makes and models have earned decreases or increases from State Farm's standard rates. If any changes result from our reviews, adjustments are reflected in the rates shown on this renewal notice.

### DRIVER INFORMATION

#### Assigned Driver(s)

The following driver(s) are assigned to the vehicle(s) on this policy.

Name	Age as of October 25, 2024	Gender	Marital Status
MARJORIE RODRIGUES	63	Female	Divorced

#### Other Household Driver(s)

In addition to the Principal Driver(s) and Assigned Driver(s), your premium may be influenced by the drivers shown below and other individuals permitted to drive your vehicle. This list does not extend or expand coverage beyond that contained in this automobile policy. The drivers listed below are the drivers reported to us that most frequently drive other vehicles in your household.

BROOKE PEAVER

**Principal Driver & Assigned Drivers**

For each automobile, the **Principal Driver** is the individual who most frequently drives it.

Each driver is designated as an **Assigned Driver** on the household automobile that they most frequently drive. Your

premium may be influenced by the information shown for these drivers.

**IMPORTANT NOTICE REGARDING YOUR PREMIUM**

State Farm works hard to offer you the best combination of price, service, and protection. The amount you pay for automobile insurance is determined by many factors such as the coverages you have, where you live, the kind of car you drive, how your car is used, who drives the car, and information from consumer reports.

You have the right to request, no more than once during your policy term, that your policy be re-rated using a current credit-based insurance score. Re-rating could result in a lower rate, no change in rate, or a higher rate.

**COVERAGE AND LIMITS** See your policy for an explanation of these coverages.

A	Liability	
	Bodily Injury 100,000/300,000	
	Property Damage 100,000	\$337.99
P10	No Fault	\$72.62
D	1000 Ded Comprehensive	\$125.19
G	1000 Deductible Collision	\$190.43
H	Emergency Road Service	\$4.74
R1	Car Rental & Travel Expense	
	\$50 Per Day, \$1,500 Max	\$17.55
U3	Uninsured Motor Vehicle	
	Bodily Injury 50,000/100,000	\$277.15
<b>Total Premium</b>		<b>\$1,025.67</b>

If any coverage you carry is changed to give broader protection with no additional premium charge, we will give you the broader protection without issuing a new policy, starting on the date we adopt the broader protection.

**IMPORTANT INFORMATION ABOUT UNINSURED MOTOR VEHICLE COVERAGE**

Now is a good time to consider either adding Uninsured Motor Vehicle Coverage, or increasing your limits for this coverage. This coverage protects you, your resident family members and your passengers in the event of bodily injury sustained in an accident for which an unidentified, uninsured, or underinsured driver is legally liable.

You have the right to choose one of these options:

a. select stacking coverage (U) with any available limits up to your bodily injury liability coverage limits, which means

that if more than one Uninsured Motor Vehicle Coverage applies, the limits for the applicable coverages may be added together (Stacking is not available for policies with a named insured that is not a natural person);

b. select, at a reduced premium, non-stacking coverage (U3) with any available limits up to your bodily injury liability coverage limits, which means the Uninsured Motor Vehicle Coverage limits are not added together in most circumstances. The non-stacking coverage on this policy is not available to persons injured while occupying a motor vehicle owned by you or a resident family member which is not insured for uninsured motorist coverage by this policy; or

c. reject this coverage entirely.

Please contact your State Farm agent if you wish to change coverage.

(continued on next page)

